

ORDER

**DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

3900.24A

2/27/76

SUBJ: ACCIDENT AND FIRE REPORTING

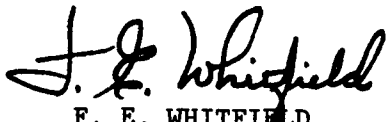
1. PURPOSE. This Order transmits Order DOT 3902.6, Departmental Occupational Safety and Health Management Information System. It also provides supplemental information relating to FAA implementation.
2. DISTRIBUTION. Distribution shall be made to all supervisors in the Washington Headquarters, regions, centers and field offices and facilities.
3. CANCELLATION. Order 3900.24, Accident and Fire Reporting is cancelled.
4. ACTION. Accidents and fires involving FAA personnel, facilities, and specified categories of contracts shall be investigated and reported in accordance with Appendix 1 of this Order.
5. SCOPE. The DOT Order establishes an Occupational Safety and Health Management Information System (SMIS) applicable to DOT employees, and prescribes reports by which information on occupational accidents, injuries and illnesses will be furnished and encoded in the computerized system. The Order also prescribes procedures by which accidents affecting visitors to DOT facilities and contractor employees on certain types of contracts will be investigated and reported but not encoded in the system.
6. CONTRACTOR AND CONTRACTING OFFICER REPORTS. Contractors on all FAA construction contracts and on all FAA contracts performed on DOT owned or leased property shall be required to report to the contracting officer:
 - a. Fatal or lost workday accidents or fires affecting contractor or subcontractor employees;
 - b. Damage of \$1,000 or more to Federal property;
 - c. Any accident on a construction site or on DOT owned or leased property involving contractor or subcontractor owned or leased motor vehicles or mobile equipment;
 - d. Damage because of which a contract time extension will be requested.

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The above reporting requirements shall be satisfied by the following means:

- a. Major accidents involving contractor operations (i.e., those resulting in a death, hospitalization of five or more persons or destruction of Federal property valued at \$100,000 or more) must be reported immediately by telephone and confirmed by telegram, as provided in Appendix 1, Attachment 2, Paragraph 1, and shall be reported by the contracting officer on Form DOT F 3902.1.
- b. All other accidents or fires as listed above may be reported by the contractor using a state, private insurance carrier or contractor accident report form which supplies sufficient information to establish cause, and shall be reported by the contracting officer on Form DOT F 3902.1. No other form is involved in contractor accident reporting. Items 15 through 18 on Form DOT F 3902.1 are not required to be completed with respect to contractor accident reporting (see Appendix 1, Attachment 3, Paragraph 6, to identify items which must be completed).
7. RETENTION OF RECORDS. Records generated by the reporting requirements of this order shall be retained by the originators for five years at any location, including a Federal record retention center.
8. POSTING OF ANNUAL SUMMARY. A copy of the annual summary, Form DOT 3902.9, shall be posted in each workplace no later than 45 calendar days after the close of the calendar year. The summary shall remain posted for a minimum of 30 consecutive days.
9. FORMS AND REPORTS. The following report identification symbols and stock numbers are applicable within FAA to forms and reports required by Appendix 1:
 - a. Major Accident Report (RIS: PN 3900-39) telegraphic report.
 - b. Form DOT 3902.8A, Summary Report of Federal Injuries and Illnesses, and Form DOT 3902.9, Summary Report of Federal Occupational Injuries and Illnesses Survey (RIS: PN 3900-42) are submitted only by Occupational Safety Managers/Engineers as defined in Appendix 1, Attachment 1, paragraph 4.f. These forms are available from APT-220.
 - c. DOT F 3902.1, Accident Report.
 - (1) Stock Number: FSN 0052-809-7000. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.

- d. DOT F 3902.2 (Rev. 1-73) Injury Report Supplement - I.
 - (1) Stock Number: NSN 0052-809-8002. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.
- e. DOT 3902.3, Motor Vehicle Report Supplement M.
 - (1) Stock Number: NSN 0052-809-9000. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.
- f. DOT F 3902.4, Property Damage Report Supplement - P.
 - (1) Stock Number: NSN 0052-810-0000. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.
- g. DOT F 3902.5, Fire/Explosion Report Supplement - F.
 - (1) Stock Number: NSN 0052-810-1000. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.
- h. DOT F 3902.6, Vessel Report Supplement - V.
 - (1) Stock Number: NSN 0052-810-2000. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.
- i. DOT F 3902.7, Train Report Supplement - T.
 - (1) Stock Number: NSN 0052-810-3000. Unit of Issue - sheet.
 - (2) Forms Availability: FAA Depot, normal requisition channels.


F. E. WHITFIELD
Director of Personnel
and Training, APT-1

Department of Transportation
Office of the Secretary
Washington, D.C.

3900.24A
 2/27/76

ORDER

DOT 3902.6

3-24-75

**SUBJECT: DEPARTMENTAL OCCUPATIONAL SAFETY AND HEALTH
 MANAGEMENT INFORMATION SYSTEM**

1. **PURPOSE.** This order establishes the Department of Transportation (DOT) Occupational Safety and Health Management Information System (SMIS) and sets forth policy governing the use of this system.
2. **CANCELLATION.**
 - a. DOT 3902.2A, ACCIDENT INVESTIGATION, ANALYZING, AND REPORTING SYSTEM, of 10-11-72.
 - b. DOT 3900.3A, QUARTERLY ACCIDENT SUMMARY REPORT, of 5-2-73.
3. **POLICY.** It is a policy of the Secretary that:
 - a. The Office of the Secretary (OST), the operating administrations, and the Director, Transportation Systems Center, shall investigate and report all occupational accidents which occur in operations internal to DOT, and in operations involving contractors or visitors to DOT facilities.
 - b. Accident information be compiled by SMIS to develop and monitor management objectives necessary to achieve the maintenance of safe and healthful workplaces within DOT.
 - c. This system be utilized to comply with recordkeeping requirements imposed by the Occupational Safety and Health Act (OSHA), of 1970.
4. **ACTION.** The heads of operating elements and OST shall implement the SMIS requirements in accordance with procedures provided in Attachment 1 through 5 of this order.
5. **PUBLIC AVAILABILITY OF SMIS INFORMATION.** Accident information obtained under the authority of this directive is subject to release in accordance with the provisions of DOT 1210.5, Public Affairs Management Manual, of 2-6-74.

FOR THE SECRETARY OF TRANSPORTATION:



William S. Heffelfinger
 Assistant Secretary
 Administration

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DISTRIBUTION: All Secretarial Offices
 All Operating Elements

OPI: Office of
 Personnel and
 Training

PROCEDURES FOR REPORTING OCCUPATIONAL ACCIDENTS (SMIS)

1. GENERAL.

- a. Executive Order 11807 directs all departments and agencies to establish a "Safety Management Information System." The Occupational Safety and Health Act (OSHA), of 1970 (Public Law 91-596), Section 19(a), requires Federal departments and agencies to conduct safety programs consistent with the standards prescribed by Section 6 of the Act. In compliance with these directives, SMIS provides a method of capturing, storing, and retrieving accident data necessary to satisfy the Secretary of Labor's quarterly and annual reports with respect to DOT employees.
- b. Analysis of SMIS data will facilitate occupational safety and health management decision-making necessary to reduce the frequency and severity of DOT accidents. It is of the utmost importance to the DOT safety effort that reports contain logical conclusions resulting from careful study of the facts found during investigations.

2. OBJECTIVES.

- a. To facilitate Departmental reporting requirements.
- b. To avoid duplication of effort in recordkeeping.
- c. To standardize loss analysis methods.
- d. To provide the Secretary and the heads of operating administrations with timely and significant loss data.

3. RESPONSIBILITIES. The heads of operating administrations and OST shall insure that:

- a. DOT Employees notify their supervisors promptly of any accident in which they are involved in connection with their work, regardless of amount of damage or degree of severity.
- b. DOT Supervisors investigate and prepare the required report within 24 hours of all accidents involving their employees or visitors to locations under their supervision. (Note: In the event of joint action, investigation responsibility shall be resolved at the local level. Submission of necessary reports shall comply with Attachment 2, General Reporting Instructions.)
- c. Operating Elements Safety Managers shall review and forward (SMIS) accident reporting forms to (TAD-12 in OST) within five working days.

- d. DOT Management Officials forward reports of accidents associated with their operations and insure that appropriate measures are taken to eliminate the cause factor of the occurrence.
- e. DOT Contracting Officers cause investigations and reports to be made with respect to:
 - (1) DOT contracts for construction, alteration or repair of public buildings or public works.
 - (2) DOT non-construction contracts involving work performed on DOT owned or leased real property.

f. Occupational Safety Managers:

- (1) Analyze accident reports for completeness, accuracy, and adequacy of management corrective action.
- (2) Follow-up to determine that the corrective action is implemented and is adequate to insure elimination of further occurrences.
- (3) Determine proper reporting categories, enter or review, as required, appropriate Automated Data Processing (ADP) codes, and forward the original report form to the appropriate administration headquarters Occupational Safety Manager.
- (4) Maintain a Log of Federal Occupational Injuries and Illness Reports, which contains, as a minimum, that information required by OSHA Report Form 100.
- (5) Complete OSHA 102, Summary Report of Federal Occupational Accidents and Illnesses, and submit an original copy for each quarter and calendar year to appropriate administration headquarters Occupational Safety Manager no later than 25 days after the quarter or calendar year ends.
- (6) Coordinate DOT F 3902.8, Log of Federal Occupational Injuries and Illnesses with the Injury Compensation Officer to insure that accident reports are received for claims submitted and that the actual length of disability and final disposition is known.

4. DEFINITION:

- a. Employment Accident. An unintended or unplanned occurrence that results in injury to personnel, property damage, or a combination of these occurrences.
- b. Major Accident. An accident that results in a death, hospitalization of five or more employees or destruction of \$100,000 or more to DOT property.

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- c. Occupational Injury. An injury (such as a cut, fracture, sprain, or amputation) which results from a employment accident or from exposure in the work environment.
- d. Occupational Illness. Any abnormal condition or disorder, other than one resulting from an occupational injury, caused or aggravated by exposure to environmental factors associated with DOT employment. This category includes acute and chronic illness or disease which may be caused by noise, radiation, inhalation, absorption, ingestion, or direct contact.
- e. First Aid. A minor injury such as a cut, scratch, bump, or occurrence which does not require treatment by a physician or registered professional and after which the employee involved remains on the premises and on duty.
- f. Occupational Safety Manager. A DOT employee in the GS-018 or GS-803 classification series or military equivalent assigned to an operating administration, its region, district, or major field activity, who is responsible for its total occupational safety programming.
- g. Collateral Duty Safety Officer. A DOT employee who has a collateral responsibility for assisting in the implementation of the Occupational Safety and Health Program.
- h. A Vehicle Accident. Any occurrence involving a Federal Government owned, leased, or rented vehicle, or privately-owned vehicle while operated on official Federal Government business which results in death, injury or property damage, regardless of who was injured (if any) or what property was damaged.
- i. Major Reporting Organizations. An operating administrations' national headquarters level, their district and regional levels, and major field activities such as the National Aviation Facilities Experimental Center (NAFEC), Transportation Test Center (TCC), Aeronautical Center (AAC), and Transportation Systems Center (TSC).
- j. Property Damage Accident. An accident resulting in the damage or loss of property which is owned or controlled by the DOT and/or is caused by natural phenomenon is classified as a property damage accident, Exceptions are:
 - (1) Injury accident;
 - (2) Motor vehicle accident;

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- (3) Vessel accident;
 - (4) Train accident;
 - (5) Fire; or,
 - (6) Aircraft accident.
- k. Vessel Accident. A DOT-owned or operated vessel or boat accident is any event which involves or results in one or more of the following:
- (1) Fatal injury (where the proximate cause was the motion of the vessel or boat).
 - (2) Injury incapacitating personnel in excess of 72 hours (where the proximate cause was the motion of the vessel or boat).
 - (3) Fire or explosion.
 - (4) Capsizing or grounding.
 - (5) Inadvertent flooding.
 - (6) Damage to the vessel or boat or the vessel or boat's permanently affixed equipment, or property external to the vessel or boat, where the proximate cause of such damage was the motion of the vessel or boat.
- l. Fire. Destruction or partial destruction of DOT property by unintended ignition. Occurrences which result from fire, combustible dusts, flammable liquids or gases, explosion, or spontaneous combustion are included in this category.
- m. Train Accident. A collision, derailment, or other accidental event resulting in death, or injury, to any person, or damage to equipment or roadbed owned by or operated by DOT.
- n. Aircraft Accident. An accident involving an owned or leased DOT aircraft which results in death, injury, or property damage. These occurrences shall be investigated and reported in the manner and form described by each administrator. Injuries to personnel involved in aircraft accidents shall be reported in accordance with Attachment 2, Paragraph 2. Property damage shall be reported in accordance with Attachment 2, Paragraph 4.

5. FORMS.

a. Forms required by this Order are:

- (1) DOT F 3902.1, Accident Report
- (2) DOT F 3902.2 (Revised 7-73), Injury Report, Supplement I
- (3) DOT F 3902.3, Motor Vehicle Report, Supplement M
- (4) DOT F 3902.4, Property Damage Report, Supplement P
- (5) DOT F 3902.5, Fire or Explosion Report, Supplement F
- (6) DOT F 3902.6, Vessel Report, Supplement V
- (7) DOT F 3902.7, Train Report, Supplement T
- (8) DOT F 3902.8, Log of Federal Occupational Injuries and Illnesses
- (9) OSHA Form 102, Summary of Reports, Injuries and Illnesses

b. All of the above are available from the General Services Administration (GSA) Retail Stores except OSHA Form 102, which is available from various OSHA area offices or printing review points (TAD-12 in OST).

GENERAL REPORTING INSTRUCTIONS

1. MAJOR ACCIDENTS.

a. Procedure.

- (1) Immediate telephone call.
- (2) Telegram within 24 hours.

b. Prepared By. Field Occupational Safety Manager or an official designated by the administration head.

c. Time Prepared.

- (1) Telephone notification immediately upon report from supervisor or contracting officer involving a DOT employee or DOT property.
- (2) Telegram notification within 24 hours of any major accidents category as defined in Attachment 1, Paragraph 4b. Include all basic accident facts known at time of transmission.

d. Routing.

- (1) Duty Hours. Via administration occupational safety manager to OST, Safety Manager, TAD-12 (8-202-426-4070), Washington, D.C. 20590.
- (2) Non-Duty Hours. Via USCG Headquarters Communications Center, Washington, D.C. 20590, to OST, Safety Manager, TAD-12 (8-202-426-4070). Send one copy to administration occupational safety manager.

e. Remarks. Major accidents may be reported to DOT-OST in a one-time message if all facts are known. Initial, supplemental, and final messages shall be submitted when additional information is necessary to complete the formal report.

2. INJURY ACCIDENTS.

a. Form. DOT F 3902.1, Accident Report, and DOT 3902.2, Injury Report, Supplement I.

b. Prepared By. Employee's supervisor (contractor operations, see Attachment 3).

- c. Time Prepared. Within 24 hours of the accident.
- d. Number of Copies. Original and one copy.
- e. Routing. To Occupational Safety Manager via appropriate management officials (see Attachment 4, Paragraph 4(a)(8-12)). Original shall be forwarded within seven working days following date of accident to the headquarters operating administration safety manager. Extension of DOT transmittal time may be granted provided an initial preliminary report has been transmitted to administration headquarters level.

3. MOTOR VEHICLE ACCIDENTS.

- a. Forms. DOT F 3902.1, Accident Report, and DOT F 3902.3, Motor Vehicle Report, Supplement M.
- b. Prepared By. Responsible supervisor (contractor operations, see Attachment 3).
- c. Time Prepared. Within 24 hours of accident.
- d. Number of Copies. Original and one copy.
- e. Routing. To Occupational Safety Manager via appropriate management officials (see Attachment 4, Paragraph 4(a)(8-12)). The original shall be forwarded within seven working days following date of accident to the headquarters operating administration safety manager. Extension of transmittal time may be granted provided an initial preliminary report has been transmitted to administration headquarters level.
- f. Remarks. DOT F 3902.3, Motor Vehicle Report, Supplement M, is required for each DOT operated vehicle involved; and DOT F 3902.2, Injury Report, Supplement I, shall be completed for each injured person. (Note: Vehicles operated by contractor personnel shall be reported in accordance with Attachment 3.)

4. PROPERTY DAMAGE ACCIDENT.

- a. Forms. DOT F 3902.1, Accident Report, and DOT F 3902.4, Property Damage Report, Supplement P.
- b. Prepared By. Responsible supervisor (contractor operations, see Attachment 3).
- c. Time Prepared. Within 24 hours of the accident.

- d. Number of Copies. Original and one copy.
- e. Routing. To Occupational Safety Manager via appropriate management officials (see Attachment 4, Paragraph 4(a)(8-12)). The original shall be forwarded within seven working days following date of accident to the headquarters operating administration safety manager. Extension of transmittal time may be granted provided an initial preliminary report has been transmitted to administration headquarters level.

5. FIRE OR EXPLOSION.

- a. Forms. DOT F 3902.1, Accident Report, and DOT F 3902.5, Fire or Explosion Report, Supplement F.
- b. Prepared By. Responsible supervisor (contractor operations, see Attachment 3).
- c. Time Prepared. Within 24 hours of accident.
- d. Number of Copies. Original and one copy.
- e. Routing. To Occupational Safety Manager via appropriate management officials (see Attachment 4, Paragraph 4(a)(8-12)). The original shall be forwarded within seven working days following date of accident to the headquarters operating administration safety manager. Extension of transmittal time may be granted provided an initial preliminary report has been transmitted to administration headquarters level.
- f. Remarks. DOT F 3902.2, Injury Report, Supplement I, shall be completed for each injured person and other appropriate supplements shall be attached.

6. VESSEL ACCIDENTS.

- a. Forms. DOT F 3902.1, Accident Report, and DOT F 3902.6, Vessel Report, Supplement V.
- b. Prepared By. Responsible supervisor.
- c. Time Prepared. Within 24 hours of accident.
- d. Number of copies. Original and one copy.
- e. Routing. To Occupational Safety Manager via appropriate management officials (see Attachment 4, Paragraph 4(a)(8-12)). The original shall be forwarded within seven working days following

date of accident to the headquarters operating administration safety manager. Extension of transmittal time may be granted provided an initial preliminary report has been transmitted to administration headquarters level.

- f. Remarks. DOT F 3902.2, Injury Report, Supplement I, shall be attached for each injured person and other appropriate supplements shall be attached.

7. TRAIN ACCIDENTS.

- a. Forms. DOT F 3902.1, Accident Report, and DOT F 3902.7, Train Report, Supplement T.
- b. Prepared By. Responsible supervisor (contractor operations, see Attachment 3).
- c. Time Prepared. Within 24 hours of accident.
- d. Number of Copies. Original and one copy.
- e. Routing. To Occupational Safety Manager via appropriate management officials (see Attachment 4, Paragraph 3(a)(8-12)). The original shall be forwarded within seven working days following date of accident to the headquarters operating administration safety manager. Extension of transmittal time may be granted provided an initial preliminary report has been transmitted to administration headquarters level.
- f. Remarks. DOT F 3902.2, Injury Report, Supplement I, shall be completed for each injured person and other appropriate supplements shall be attached.

8. LOG OF OCCUPATIONAL INJURIES AND ILLNESSES.

- a. Form. DOT F 3902.8, Log of Federal Occupational Injuries and Illnesses.
- b. Prepared By. Occupational Safety Manager.
- c. Time Prepared. Entries shall be made upon notification of injury or illness.
- d. Number of Copies. Original (log retained in local recording office for five years).
- e. Routing. None.
- f. Remarks. Log maintained by calendar year. Injuries and illnesses shall be recorded and identified by each calendar quarter.

9. SUMMARY REPORT OF INJURIES AND ILLNESS.

- a. Form. OSHA 102.
- b. Prepared By. Occupational Safety Manager by major reporting organizations (see definition).
- c. Time Prepared. Quarterly and annually.
- d. Number of Copies. Original and one copy.
- e. Routing.
 - (1) Original shall be submitted to the operating administration headquarters safety manager within 25 working days following the quarter and/or calendar year end.
 - (2) Operating administration headquarters level safety manager shall submit an unsolicited administration report to the OST Office of Personnel and Training (Attention: TAD-12) within 35 days following the quarter and/or calendar year end.

ACCIDENT REPORTING FOR CONTRACTORS

1. REQUIREMENT. The DOT contracting officer shall require that the contractor notify the contracting officer, or his designated representative, in writing, in respect to accidents occurring:
 - a. At the site of a DOT construction contract; or,
 - b. On DOT owned or leased real property in the case of any type of contract performed on such property.
2. REPORTABLE ACCIDENTS. The contractor shall report accidents involving:
 - a. Fatal or lost workday accidents to contractor employees.
 - b. Damage of \$1000 or more to Federal property.
 - c. Damage because of which a contract time extension will result.
3. CONTRACTOR REPORT FORMS. The contractor may report injury, property damage, motor vehicle accident or fire loss, utilizing either a state, private insurance carrier or contractor accident report which supplies sufficient information to establish cause.
4. CONTRACTOR REPORT SUBMISSION. The appropriate form shall be prepared and submitted as follows:
 - a. Prepared By. Contractor or his representative.
 - b. Time Prepared. Within 48 hours of the accident.
 - c. Number of Copies. One.
 - d. Routing. To the DOT contracting officer or his representative.
5. REPORTING BY THE CONTRACTING OFFICER. The contracting officer or his representative shall receive the contractor's report of accident, conduct necessary investigation, and complete Form DOT F 3902.1. The contracting officer shall forward this report to the regional or district Occupational Safety Manager
6. GUIDE FOR PREPARATION OF FORM DOT F 3902.1, ACCIDENT REPORT.
 - a. Item 1. Leave blank.
 - b. Item 2. Supplemental reports are not required; therefore, fill in those blocks indicating related types of involvement. Example: In the case of a vehicle accident which also results in an injury, fill in both motor vehicle block and injury block.

- c. Item 3. Identify contractor.
- d. Item 4. Exact location of the accident.
- e. Item 5. Description of accident. Provide a complete description including all contributing factors such as severity of injury (fatality, lost workdays) and estimated cost or damage to property.
- f. Item 6. Immediate supervisor's opinion of the system's deficiency. This item is optional except when a DOT policy, practice, or action may have contributed to the accident. In this event, the contracting officer or his representative shall complete this item.
- g. Items 7-10. Indicate corrective action which has been taken or will be taken at the local level, or action which necessarily must be taken by higher authority. Corrective action selected and cause identified must be directly related. To be signed by the contracting officer or his representative who investigates the accident and originates the report.
- h. Items 11-14. To be completed by contracting officer.
- i. Items 19-22. For use by the regional or district occupational safety manager.
- j. Items 23-26. These need not be filled in with respect to accidents occurring in connection with contractors' operations.

DETAILED ACCIDENT FORM INSTRUCTIONS

1. GENERAL. The DOT Safety and Health Management Information System provides a means of storing and retrieving accident data which will facilitate safety management decision-making for all levels of management planning. It is essential that the reports contain logical conclusions and actions resulting from a thorough study of the accident facts.
2. PURPOSE. SMIS report forms have been designed to:
 - a. Record factual accident data.
 - b. Identify management systems deficiencies.
 - c. Develop the necessary corrective actions required to eliminate the accident producing deficiencies.
 - d. Establish a procedure to insure that follow-up action is positively assigned.
3. CODING INSTRUCTIONS. The accuracy of the large coding blocks on the accident forms is the responsibility of the region/district or major field activity occupational safety manager. Detailed coding instructions are included in Attachment 5.
4. REPORTS.
 - a. DOT F 3902.1, Accident Report: To be compiled for all types of accidents and submitted with appropriate supplementary report. For contractor operations, see Attachment 3.
 - (1) Item 1. Report number completed by Occupational Safety Manager at the region/district or major field unit level.
 - (2) Item 2. Type of accident. Mark block which identifies the primary event. (If a vehicle accident results in an injury, the motor vehicle block will be marked on DOT F 3902.1 and both the Injury Supplement and a Motor Vehicle Supplement will be attached.)
 - (3) Item 3. Name and address of reporting unit. Identify the unit to which the person is regularly assigned.
 - (4) Item 4. Give exact location of accident.
 - (5) Item 5. Description of accident. Provide a complete description (who, what, where, why) of the accident, including all possible contributing factors. Identify all equipment using the proper nomenclature.

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- (6) Item 6. Immediate supervisor's opinion of the contributing management system deficiency. Carefully evaluate those cause factors which relate to the accident and state your opinion of management system deficiency which, if corrected, would eliminate the accident. The identification of errors in decision-making by all levels of management will significantly contribute to the reduction of accidents in all aspects of the Occupational Safety Program.
 - (7) Item 7. Corrective action. Indicate management corrective action taken which would eliminate or minimize those accident producing factors from recurring.
 - (8) Items 8-10. To be completed by the supervisor responsible for the investigation and origination of the accident report.
 - (9) Items 11-14. To be completed by the authorized administration safety officer or the person responsible for investigating the accident.
 - (10) Items 15-18. To be completed by that person responsible for the reporting unit.
 - (11) Items 19-22. To be completed by the major reporting unit (regional or district) Occupational Safety Manager.
 - (12) Items 23-26. To be completed by the regional or district headquarters director when the accident results in a fatal injury, potential permanent total disability, or damage to property totaling \$10,000 or more.
- b. DOT F 3902.2, Injury Report, Supplement I. To be completed for all accidents in which an injury occurs. To be attached to DOT F 3902.1.
- (1) Item 1. Report number. To be completed by the Occupational Safety Manager (report numbers will be identical to attached DOT F 3902.1).
 - (2) Item 2. The injured person. Mark one small block only.
 - (3) Item 3. Leave blank.
 - (4) Item 4. Extent to injury or illness. Mark one small block only. Injury and illness categories are:
 - (a) Element 1. Fatalities.
 - (b) Element 2. First-aid. Any one-time treatment, and any follow-up visit for the purpose of observation, of minor

scratches, cuts, burns, splinters, and so forth, which to not ordinarily require medical care. Such one-time treatment, and follow-up visit for the purpose of observation, is considered first-aid even though provided by a physician or registered professional personnel.

(c) Elements 3 and 4. Lost workday cases. The injury or illness required treatment by a registered professional and:

- (1) The employee was unable to work on one full day or more following the accident because of the injury or illness;
- (2) The employee was assigned to temporary work (light duty); or,
- (3) The employee worked in his permanently assigned duty but could not perform all duties normally assigned to him.

Note: Element 3 is selected if workdays were lost but the employee returned to his original job, working at full capacity. Element 4 is selected if workdays were lost but the employee was transferred to another job or was terminated because of the effect of the injury or illness.

(d) Elements 5 and 6. No lost workday cases. An injury or illness which did not result in lost workdays but:

- (1) Required medical treatment beyond first-aid;
- (2) Was diagnosed as an occupational illness;
- (3) Caused the employee to lose consciousness; or,
- (4) Resulted in a restriction of work or motion.

Note: Element 5 is selected if the employee continued on his original job. Element 6 is selected if the employee was transferred to another job or was terminated because of the effects of the injury or illness.

(5) Item 5. Name of injured. Enter the name in the space above the large blocks.

- (6) Item 6. Reserved. Leave blank.
 - (7) Item 7. Number of days lost. Indicate number of working days lost based upon the physician's estimate, excluding the day of accident, and other days which the employer would not regularly have worked.
 - (8) Items 8-10. Enter above the large blocks.
 - (9) Item 11. Date of accident. Enter above the large blocks.
 - (10) Item 12. Numerically insert hour only using 24 hour clock (e.g., 9:30 a.m. - 0930 hours, 10:45 p.m. - 2345 hours).
 - (11) Item 13. Pay plan, grade, and occupation (see Attachment 5).
 - (12) Items 14-23. Mark the most descriptive element. An accident will not occur without Item 18 (Hazardous Condition) or Item 19 (Unsafe Act) or both. Item 20 (Unsafe Personal Factor) is the human reason for Item 19 (Unsafe Act), while Item 21 records the most probable cause of the accident. Item 22 records the system deficiency which was selected by the immediate supervisor as the most likely management problem requiring corrective action. Note: If selection of the element "other" is unavoidable, write in your reason for its use).
- c. DOT F 3902.3, Motor Vehicle Report, Supplement M. Complete for all accidents involving motor vehicles and forward attached to DOT F 3902.1. (Note: If any injury resulted from a motor vehicle accident DOT F 3902.1, 3902.2, and 3902.3 would comprise the complete report).
- (1) Item 1, Report number. To be completed by the Occupational Safety Manager. (Report number will be identical to attached DOT F 3902.1).
 - (2) Items 2-12. As required.
 - (3) Item 13. Numerically insert hour only using 24 hour clock (i.e., 9:30 a.m. - 0930 hours, 10:45 p.m. - 2345 hours).
 - (4) Item 14. Pay plan, grade and occupation (see Attachment 5).

- (5) Items 15-27. Mark the most descriptive element. If selection of the element "other" is unavoidable, write in your reason for its use.
 - (6) Items 28-33. Mark the most descriptive element. An accident will not occur without Item 28 or 29 (Hazardous Condition) or Item 30 (Unsafe Act) or both. Item 31 (Unsafe Personal Factor) is the human cause for Item 30 (Unsafe Act), while Item 32 records the most probable cause for the accident. Item 33 records the system deficiency which was selected by the immediate supervisor as the most likely management problem requiring corrective action.
 - (7) Items 34-35. These items provide for recording other sub-events which result from the vehicle accident.
- d. DOT F 3902.4, Property Damage Report, Supplement P. To be completed for all accidents which involve damage to property. A property damage accident may also involve fire or personal injury as a secondary event. (For example, a building may collapse as the result of severe snow loading and the damaged electrical system may cause a fire so that occupants of the building or firefighters are injured.) Appropriate accident supplements will be forwarded along with the basic report DOT F 3902.1, Accident Report.
- (1) Item 1, Report number. To be completed by the Occupational Safety Manager.
 - (2) Item 2. Person involved or in charge.
 - (3) Item 3-10. As required.
 - (4) Item 11. Time of accident. Numerically insert hour only using 24 hour clock (e.g., 9:30 a.m. - 0930 hours, 10:45 p.m. - 2345 hours).
 - (5) Item 12. Pay plan, grade, and occupation. (See Attachment 5)
 - (6) Items 13-16. Mark the most descriptive elements.
 - (7) Items 17-21. An accident will not occur without Item 17 (Hazardous Condition) or Item 18 (Unsafe Act) or both. Item 19 (Unsafe Personal Factor) is the reason for the unsafe act. Item 20 records the basic cause of the accident. Item 21 records the system deficiency which was selected on DOT F 3902.1.

- (8) Item 22. Fire evolution. This item is used to record a fire which may have resulted from the initial event of the property damage accident.
- (9) Item 23. Number injured. This item is used to record personal injuries which may have resulted from the initial event of the property damage accident.
- e. DOT F 3902.5, Fire/Explosion Report, Supplement F. To be completed for all accidents which involve injury or damage to property resulting from a fire.
 - (1) Item 1. Report number. To be completed by the Occupational Safety Manager.
 - (2) Items 2-10. As required.
 - (3) Item 11. Time of accident. Numerically insert hour only using 24 hour clock (e.g., 9:30 a.m. - 0930 hours, 10:45 p.m. - 2345 hours).
 - (4) Item 12. Pay plan, grade, and occupation. (See Attachment 5.)
 - (5) Items 13-20. Mark the most descriptive elements.
 - (6) Items 21-27. An accident will not occur without Item 22 (Hazardous Condition), Item 23 (Unsafe Act) or Item 24 (Unsafe Act). Item 26 records the system deficiency which was selected on DOT F 3902.1.
- f. DOT F 3902.6, Vessel Report, Supplement V. This supplemental form is to be completed for all accidents to vessels. This supplemental form is forwarded along with the basic report DOT F 3902.1, Accident Report, and other appropriate supplemental forms if fire or personal injury occur as subevents. When two or more Departmental vessels are involved in an accident, a separate DOT F 3902.6 is required for each. When the vessels are operated by separate reporting organizations, each shall complete its own report.
 - (1) Item 1. Report number. To be completed by the Occupational Safety Manager.
 - (2) Items 4-9. As required.
 - (3) Item 10. Time of accident. Insert numerically hour only using 24 hour clock (e.g., 9:30 a.m. - 0930 hours, 10:45 p.m. - 2345 hours).

- (4) Items 11-12. Enter total number of personnel on board including passengers in Item 11. Enter only the number of crew members in Item 12.
 - (5) Item 13. Pay plan, grade, and occupation. (See Attachment 5.)
 - (6) Item 14. Name of vessel. Enter the actual name of the vessel.
 - (7) Item 15. Type designator. Enter any meaningful abbreviation not exceeding six characters.
 - (8) Item 16. Vessel number. Enter the registration number or other identifying USCG coding.
 - (9) Item 17. Class or length. Enter the length of the vessel.
 - (10) Item 18. Draft. Enter the draft of the vessel to the nearest foot.
 - (11) Items 19-35. Select the most descriptive elements. (Items 21, 23, and 25 use three-digit numbers for direction.)
 - (12) Items 36-41. Select the most descriptive elements.
 - (13) Items 42-43. These items provide for recording other sub-events resulting from the vessel accident such as fire or personal injury.
- g. DOT F 3902.7, Train Report, Supplement T. To be completed for all train accidents on DOT property which involve DOT or visitor personnel or property. This supplemental report is forwarded along with the basic DOT F 3902.1, Accident Report, and other appropriate supplemental report forms if fire or personal injury occurs as a sub-event to the initial accident.
- (1) Item 1. Report number. To be completed by the Occupational Safety Manager.
 - (2) Items 2-11. As required.
 - (3) Item 12. Time of accident. Enter the actual hour only using 24 hour clock (e.g., 9:30 a.m. - 0930 hours, 10:45 p.m. 2345 hours).
 - (4) Item 13. Pay plan, grade, and occupation (see Attachment 5).
 - (5) Items 14-24. Select the most descriptive elements.

- (6) Items 25-30. An accident will not occur without Item 25 or 26 (Hazardous Condition) or Item 27 (Unsafe Act) or both. Item 28 (Unsafe Personal Factor) is the reason for the unsafe act. Item 29 records the most probable cause of the accident. Item 30 records the system deficiency selected on the basic DOT F 3902.1, Accident Report.
- (7) Items 31-32. These items provide for recording other sub-events which may result from the initial train accident, such as fire and personal injury.

INSTRUCTION FOR ENCODING ACCIDENT INFORMATION
ON DOT ACCIDENT REPORT SUPPLEMENTS
FOR SAFETY MANAGER USE ONLY

1. Item 1. Report No. The structure of the code block series is identical for Accident Report (DOT F 3902.1) and each supplemental. The report number code is completed in the following manner:
 - a. The first series of two blocks will indicate the administration reporting or responsible for the accident. Insert the designator 01 for OST, 02 for USCG, 03 for FAA, 04 for FHWA, 05 for FRA, 06 for SLS, 08 for Alaska Railroad, 09 for UMTA, 10 for NHTSA, and 11 for TSC.
 - b. The second series of two blocks will be used to indicate the Region, District, or other similar major field unit reporting the accident or which is responsible for the accident. Entries are as follows:
 - (1) For OST, FRA, SLS, ALRR, UMTA, NHTSA and TSC enter two zeros.
 - (2) The USCG will enter the first two digits of the Operations Facilities Number (OPFAC No.) as contained in the Operating Facilities of the U.S. Coast Guard, CG-244, when these digits represent the Headquarters, a District, or other similar major field unit.
 - (3) The FAA will enter the two digit alpha/numeric code for Regions/Headquarters.
 - (4) The FHWA will enter the first two digits of the Organization Code as contained in FHWA's Administrative Manual, Vol. 23, Chapter VI E, for Regions/similar major field units with the exception that for all units assigned to the Washington Headquarters the entry will be WO.
 - c. This third series of two blocks will be used to indicate a further breakdown of the major field unit. The following suggested entries should be considered:
 - (1) For OST the alpha routing symbol should be used, e.g., all S designator (currently S-1 through S-82) should be shown and entered as SO, for all T designators the last two alpha characters should be entered, e.g., for TAD enter AD. For the Office of the General Counsel enter GC.

- (2) For the USCG the second two digits of the OPFAC No. should be used as these numbers identify functions, e.g., the numeric designator 40 identifies Loran Stations, 30 identifies Coast Guard Stations, while 71 identifies District Headquarters operations.
 - (3) For FAA enter the two digit alpha/numeric code for Offices and Services.
 - (4) For FHWA enter the second two digits of the Organization Code referenced above. For Washington Headquarters functions it is the two digit designator for a major office and corresponds to the first two digits of the correspondence code, e.g., Office of the Federal Highway Administrator is HA and the Office of Public Affairs is PA.
 - (5) For the FRA, SLS, ALRR, UMTA, NHTSA and TSC, any meaningful two place alpha/numeric designator may be used provided that the designator identifies a major subdivision of the administration. For example, any designator that identifies a division/office or a region/field office may be used or, in the absence of existing designators, designators may be assigned.
- d. The first series of four blocks is used to identify, consecutively, each category of accident occurring within the Region/District or similar major field unit. (For example, the first injury of the calendar year will be encoded 1001 and the second 1002 without regard to the chargeability or category of person injured as shown in Item 2 of the Injury Report Supplement-I) The same is true for all supplements, e.g., the first vehicle accident of the year is M001, regardless of the type of vehicle or to whom it belongs. The spaces allocated for the consecutive number allows for the identification of 999 of any one category of accident. If any one Region/District or other similar major field unit experience more than 999 of any one category of accident, the one thousandth accident shall be encoded A00 and from 1,001 to 1,099 shall be encoded B00 and from 1011-1199 the code shall be B01-B99 and on through the alphabet.
- e. The second series of four blocks, entitled Reference No. (Ref. No.), is provided to tie in all suboccurrences in a major accident. For example, if a vehicle accident results in one or more injuries, each injury supplement will have as a Ref. No. the consecutive vehicle report number. If, for example, vehicle accident M001 resulted in three injuries, injury report 1001 would have as a Ref. No. M001, injury report numbers 1002 and 1003 would also have as reference numbers M001. If motor vehicle accident M001 also resulted in a subsequent significant fire, the fire report F001 would have as a reference number M001. In this manner, it will be possible to

reconstruct, through Automatic Data Processing, each accident with multiple suboccurrences. It should be noted that in the above-cited example, a Ref. No. would not be entered on the vehicle report supplement; however, if there is but one suboccurrence, the consecutive number of that suboccurrence may be entered in the vehicle report supplement.

- (1) If vehicles from the same administration, region/district, or similar major field unit are involved in the same accident, they should be cross referenced. (For example, in a major field unit, vehicle report M001 would have a cross reference number when two regional vehicles collide, persons are injured, and a subsequent significant fire occurs.)

First Vehicle for FAA Region 01

FAA <u>/0/3/</u>	Reg. <u>/0/1/</u>	Service <u>/S/M/</u>	1st Veh. Acc. <u>/M/0/01/</u>	2nd Veh. Acc. <u>/M/0/0/2/</u>
FAA <u>/0/3/</u>	Reg. <u>/0/1/</u>	Service <u>/S/M/</u>	1st Injury <u>/I/0/0/1/</u>	1st Veh. Acc. <u>/M/0/0/1/</u>
FAA <u>/0/3/</u>	Reg. <u>/0/1/</u>	Service <u>/S/M/</u>	1st Fire <u>/F/0/0/1/</u>	1st Veh. Acc. <u>/M/0/0/1/</u>

Second Vehicle for FAA Region 01

FAA <u>/0/3/</u>	Reg. <u>/0/1/</u>	Service <u>/A/T/</u>	2nd Veh. Acc. <u>/M/0/0/2/</u>	1st Veh. Acc. <u>/M/0/0/1/</u>
FAA <u>/0/3/</u>	Reg. <u>/01/</u>	Service <u>/A/T/</u>	2nd Injury <u>/I/0/0/2/</u>	2nd Veh. Acc. <u>/M/0/0/2/</u>

- (2) In the examples shown above, the five supplemental forms may be attached to a single Accident Report Form, DOT F 3902.1, which will contain the same report number as shown on the vehicle report supplement for the first vehicle accident, e.g., 0301 SM M001.
- (3) When vehicles from different reporting entities are involved, the vehicle reports are not cross referenced. In such cases each entity enters its own report number and cross references any supplements associated with its vehicle. Note: In this instance it is not necessary for both entities to investigate the accident, but the investigating entity must furnish the other with the appropriate information.

2. Extent of Injury of Illness. Item 4 of the Injury Report, Supplement 1 deals with the extent and outcome of the injury or illness.
3. Name of Person Involved/In Charge. Item 5 of each supplement contains the name of the person injured, involved or in charge as the case may be. The name should be printed in the code blocks with the last name first followed by initials, e.g., /W/L/I/A/M/S/ /R/P/ / / /, starting with the far left block, note empty space between initial, but not both initials.
4. Social Security Number. Item 6 or 8 of each supplement contains the Social Security Number of the person named in Item 5. For example, the Social Security Number 028-16-7681 would appear /0/2/8/1/6/7/6/8/1/. For visitors or contractor personnel enter the Social Security Number if known.
5. Mandays Lost/Cost. Item 7 of the Injury Report, Supplement 1 (DOT F 3902.2) deals with mandays lost. For one or more days enter the number from right to left (right justified), e.g., 243 days would appear as /0/2/4/3/. For those items that deal with the estimated damage cost enter the number to the nearest dollar, right justified /0/5/4/3/. If any monetary entry exceeds the capacity of the code blocks enter a 9 in each block and enter the total in the total block.
6. Date of Accident. The date of accident item on each supplement contains six blocks which allows for encoding the month, the day and the year in that order, e.g., from left to right December 30, 1971, would appear as /1/2/3/0/7/1/.
7. Time (24 hour clock). The item containing the time of accident on each supplement provides two blocks in which to encode the local time to the nearest full hour.
8. Pay Plan, Grade and Occupation (Civ.) Rank/Rate (Mil.).
 - a. For civilian personnel the first series of (two) blocks preceded by a printed C contains the Pay Plan, e.g., GS, WL, WB, etc., the second series of (two) blocks contain the Grade, e.g., 06, 12 etc.; the third series of (four) blocks contain the Occupation Code, e.g., 0803, 0018, 3506, etc. Those categories of Pay Plans for which there is no Grade/Level enter the alpha designators NG (No Grade) or NL (No Level) in the second series of (two) blocks. A summer aid would appear as /C/Y/V/ /N/L/ /3/5/0/6/ whereas a person in the safety management field would appear as /C/G/S/ /1/2/ /0/0/1/8/.

- b. For Coast Guard officer personnel the first series of blocks preceded by a printed M is used to indicate the officer's Pay Grade from O-1 to O-10. The second series of (five) blocks is used to enter the officer's Military Duty Code number. For example, a Rear Admiral, District Commander would appear as M/O/O/8/ O/1/4/O/.
 - c. For Coast Guard cadet personnel the entry would appear as follows:
M/C/D/T/ 1/C/O/O/O/, M/C/D/T/ 2/C/O/O/, etc.
 - d. For Coast Guard warrant officer personnel enter the Pay Grade as W2, W3, W4 in the first series of blocks and the specialty abbreviation in the second series of blocks, e.g., a W-4 Boatswain would appear as M/W/O/4/ B/O/S/N/O/.
 - e. For Coast Guard enlisted personnel enter the Pay Grade as E1 through E9 and the abbreviation of the General Rating/Service Rating, e.g., a Seaman Boatswain's Mate striker in Pay Grade E-3 would appear as M/E/O/3/ S/N/B/M/O/ while a Chief Petty Officer Boatswain's Mate would appear as M/E/O/7/ B/M/O/O/O/.
 - f. For other assigned military personnel the entry indicates the Rank/Rate and the branch of service, e.g., an Air Force Colonel would appear as M/O/O/6/ U/S/A/F/O/ while a Navy Master Chief Petty Officer would appear as M/E/O/9/ U/S/N/O/O/.
 - g. For contractor/visitor/general public personnel enter the letters CONTRACT or VISITOR or GP, in the blocks preceded by a preprinted G. If there is a standard title used for the contractor employee such as carpenter, laborer, driver enter the title or the abbreviation of the title.
10. This paragraph deals with encoding the vessel identification information Items 14 through 17, on Vessel Report Supplement-V (DOT F 3902.6).
- a. Item 14, Name of DOT Vessel. Enter the name of the vessel in the blocks provided, e.g., the USCG Cutter Bittersweet would appear as C/G/C/ B/I/T/T/E/R/S/W/E/E/T/O/O/. The FAA vessel Fedair 1 would appear as F/E/D/A/I/R/ 1/O/O/O/. If the vessel has no name an entry is unnecessary.
 - b. Item 15, Type Designator/Short Title. Enter the Type Designator/Short Title in the blocks provided, e.g., for a Coast Guard High Endurance Cutter enter W/H/E/C/O/O/ or for a Coast Guard Trailerable Intercoastal Waterway Aids to Navigation Boat enter T/I/C/W/A/N/. For all other DOT units enter any meaningful abbreviation not exceeding six alpha/numeric characters or leave blank as the case may be.

- c. Item 16, Vessel No. Enter the hull number of the vessel from right to left, e.g., the USCGC Bittersweet would be entered as /0/0/3/8/9/; the Kickapoo would appear as /7/5/4/0/6/.
- d. Item 17, Class/Length. Enter the class/length including an alpha suffix from right to left in the code blocks, e.g., for the Bittersweet enter the class /0/0/1/8/0/C/; for the Kickapoo the entry would appear as /0/0/0/0/7/5/. For vessels having no class designation, the length should be entered from right to left, e.g., a boat 40 feet long would appear as /0/0/0/0/4/0/.